

<b>HOUSTON DISTRICT OFFICE</b> <b>CHARGE INTAKE QUESTIONNAIRE</b>		EEOC Use Only	Name (Intake Officer)
This form is affected by the Privacy Act of 1974: see Privacy Act statement on back before completing this form.		1460 2004 21987	
PLEASE ANSWER THE FOLLOWING QUESTIONS, TELLING US BRIEFLY WHY YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST IN EMPLOYMENT. AN OFFICER OF THE EEOC WILL TALK WITH YOU AFTER YOU COMPLETE THIS FORM.			
TODAY'S DATE <u>4-24-06</u>		SOCIAL SECURITY NUMBER <u>451 - 37 - 1990</u>	
FULL NAME: <u>JACKLYN Lynette Fisher</u>		DATE OF BIRTH: <u>6-8-66</u>	
RACE <u>African American - Black</u>		NATIONAL ORIGIN _____ SEX: <u>female</u>	
ADDRESS: <u>1150 FM 2296 Road.</u>			
CITY, STATE AND ZIP CODE: <u>Huntsville, TX.</u> <u>77340</u>			
HOME TELEPHONE: <u>936-293-1347</u>		CELL TELEPHONE <u>936-661-8933</u> OTHER <u>N/A</u>	
E-MAIL ADDRESS: <u>n/a</u>			
EMPLOYER FULL NAME: <u>University of Texas Medical Branch - Correctional Managed Care</u>			
ADDRESS WHERE YOU WORKED: <u>Estelle Regional Medical Facility</u> <u>264 FM 3478</u>		TELEPHONE NUMBER: <u>936-291-4200</u> <u>EXT. 3609 or 3603</u>	
CITY, STATE AND ZIP CODE <u>Huntsville, TX. 77320</u>			
NUMBER OF EMPLOYEES IN THE COMPANY: <u>Greater than 1,000.</u>			
DESCRIBE WHAT ACTION THE COMPANY TOOK AGAINST YOU <u>Demotion from Cluster Nurse Manager and</u> <u>reassigned as a Nurse Clinician III.</u>			

**PL. FISHER**  
**H-08-01273**  
**P-19**

Fisher-200097

IDENTIFY WHETHER YOU BELIEVE THE ACTION WAS BECAUSE OF YOUR RACE, SEX, NATIONAL ORIGIN, RELIGION, COLOR, AGE OR DISABILITY, AND EXPLAIN WHY

Race.

Reasons and rationale for my demotion are based solely upon intent and further subjection to different terms and condition of employment.

PROVIDE THE NAME AND TITLE OF THE PERSON WHO TOOK THE ACTION AGAINST YOU.

David Watson, Senior Cluster Nurse Manager

WHAT DATE WAS THE ACTION TAKEN ?

Demotion effective April 12, 2006

PROVIDE THE NAMES OF THE EMPLOYEES WHO WERE TREATED DIFFERENTLY THAN YOU (AS IT MAY APPLY TO RACE, NATIONAL ORIGIN, SEX AND AGE ISSUES)

Mary Adams, Nurse Manager; Joyce Bonds, Nurse Manager; Kim Roddey, Nurse Manager; and Larina Wright, Nurse Manager.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE:

Julie Fisher

DATE:

4-24-06

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974; Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. FORM NUMBER/TITLE/DATE. EEOC Form 283, Charge Questionnaire (12/93).
2. AUTHORITY. 42 U.S.C. § 2000e-5(e), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a)
3. PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information in an acceptable form consistent with statutory requires to enable the Commission to act on matters within its jurisdiction. When this form constitutes the only timely written statement of allegations of employment discrimination, the Commission will, consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(b), consider it to be a sufficient charge of discrimination under the relevant statute(s).
4. ROUTINE USES. Information provided on this form will be used by Commission employees to determine the existence of facts relevant to a decision as to whether the Commission has jurisdiction over allegations of employment discrimination and to provide such charge filing counseling as is appropriate. Information provided on this form may be disclosed to other State, local and federal agencies as may be appropriate or necessary to carrying out the Commission's functions. Information may also be disclosed to Charging parties in consideration of or in connection with litigation.
5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. The providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.

Fisher-200098